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ABSTRACT

Despite the movement in dentistry toward a system of professional peer review, dental educators appear highly resistant to evaluation by their colleagues. The University of Maryland Dental School has a comprehensive evaluation system involving evaluation of courses and instruction by students, program evaluations by individual departments, formal faculty evaluation by department chairmen, administrator evaluation by faculty and the school's Dean, and peer evaluation. The peer evaluation system has been the most difficult to develop, sustain, and make acceptable. This paper discusses: (1) problems surfacing during the development phase (such as faculty and administrator resistance and faculty subterfuge); (2) why and how the original plan never achieved passage; (3) the mechanism established within the school to guide the comprehensive system; (4) the adopted plan and how it works; and (5) the plan in action. (Author/BS)

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"EVALUATING TEACHING IN THE HEALTH PROFESSIONS"

Peers as Evaluators of Teaching

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ABSTRACT

Peer review is a concept that has arrived in dentistry. The profession has under active discussion the development of means to ensure continuing quality assurance in dental care through a system of professional peer evaluation of practicing dentists. Despite this movement, the supposed leaders of the profession (dental educators), themselves, have been shown, at least in my institution, to be highly resistant to evaluation by their colleagues. The University of Maryland Dental School has in operation a comprehensive evaluation system involving evaluation of courses and instruction by students, evaluation of programs by individual departments, formal evaluation of faculty by department chairmen, administrator evaluation by faculty and the school's Dean, and peer evaluation. The most difficult component of Maryland's evaluation system to develop, achieve acceptance of, to initiate, and to sustain has been peer evaluation. This presentation will include discussion of: 1. The problems surfacing during the development phase (such as faculty and administrator resistance, faculty subterfuge, expressed negativism and fears, etc.), 2. The original plan which never achieved passage (why and how passage was prevented), 3. The mechanism established within the school to guide the comprehensive system (how this group finally achieved the passage of a new plan), 4. The adopted plan (what it is and how it works, and 5. The plan in action (successes, failures, problems).

Dentistry, often to its detriment as a viable profession, has been ahead of the other professions and even public opinion in its efforts to improve the human situation. The best example of this is dentistry's involvement in prevention. The community would appear to be encouraging physicians to concentrate on disease avoidance rather than cure. On the other hand, it has been the dentist who has pushed preventive measures such as fluoridation of the water, dentifrices, and sealants, often to a reluctant public. As a result, the young people of today are reaching adulthood with fewer decayed teeth, considerably lessening their need for dental care and therefore, the dentist. The second major oral problem is gum disease. Much government and private money and considerable research effort, at the encouragement of the profession, has been directed towards finding a preventive approach to periodontal disease. This effort could result in the almost total elimination of dentistry as a profession.

In a second arena, dentistry appears to be in the forefront of the professions. Our age is that of the malpractice suit with, it would appear, little effort on the part of the medical or legal professions to police their own members. The dental profession, on the other hand, has under active consideration the development of a means to ensure continuing quality assurance in dental care through a system of professional peer evaluation of practicing dentists. Leading the push for such a practice are the faculties of the United States and Canada's dental schools. It would seem surprising, therefore, to hear the struggle that

the University of Maryland Dental School has had in implementing a peer evaluation system within its own institution.

The University of Maryland Dental School has in operation a comprehensive evaluation system involving evaluation of courses and instruction by students, evaluation of departmental programs by the individual departments, formal evaluation of faculty by department chairmen, administrator evaluation by faculty and the school's Dean, formal administrator evaluation of the effectiveness with which the school meets its goals and objectives, committee evaluation of faculty for promotion and tenure, and peer evaluation.

Except for peer evaluation, components of Maryland's comprehensive system were relatively easy to establish. As you might expect, peer evaluation for promotion and tenure has been a role demanded of our institution just so long as it has been a member of the university community. When Maryland's comprehensive system was first conceived in 1977, the Promotion and Tenure Committee was asked to review and make more objective and definitive its deliberation policies. The task was completed and well worth the effort as, within a year, the tenure process went from virtually automatic to very discriminating. The Dental School's policy, rewritten for the comprehensive evaluation system, became the model for the professional schools campus.

The development of a student evaluation system was equally smoothly and quickly accomplished. Maryland was able to make use of the extensive research on student evaluation in university settings and adapt these findings and practices to make them

appropriate for a health science institution. The problems were little different from those surfacing at other universities and, given faculty knowledge of the widespread practice of student evaluation at the undergraduate level, there was little resistance to its introduction at Maryland.

Departments also understood their responsibility to continually evaluate their departmental program, probably more so than at the university level, because in a dental school, all departmental functions are joint responsibilities of all members of a department. Courses, clinics, and laboratories are all team taught. The simple process of putting together and/or maintaining a course, lab, or clinic program necessarily involves discussion and evaluation by all involved, even if at an informal level.

In addition, chairmen realized that one of their basic roles was to guide their faculty. What they, in many cases, were in need of only was an effective mechanism to use in this development role. They were appreciative of the availability of a system they could use in their guidance role. Administrator evaluation was equally easy to establish. Since the comprehensive system was the inspiration of the administration, they were accepting of the plans for the evaluation of their functions, and encouraged the development of a system by which they could evaluate the school's goals and objectives.

The one remaining segment, then, of the proposed comprehensive plan, was peer evaluation and this area received the most resistance. The problems appeared at the time of

development, during the vote for acceptance, in the process of establishment, and continue now, as we are working to sustain the system.

Peer evaluation is not a particularly new idea. In any institution, it is likely one would find a few departments which have some form of peer evaluation. At Maryland, what appeared to be new was the idea that an entire school would mandate that peer evalaution be part of the ongoing responsibilities of a department. As had been done with departmental program evaluation and chairmen evaluation of faculty, the two main academic divisions of the school were given the responsibility for establishing peer evaluation systems for their component departments. The Clinical Sciences Council and the Basic Sciences Council were asked to develop, with the help of the school's evaluation specialist, separate plans, acceptable to their own faculty, for evaluation of all areas of a faculty member's responsibilities.

The Councils' approaches were very different from the start. The Basic Sciences Council appointed a committee of one department chairman, two faculty members, and the evaluation specialist to make a recommendation for enactment to the Council. Their initial discussions revolved around the concept of what behaviors peers could legitimatley evaluate. The strongest area of concern was expressed by the department chairman who stated most vehemently "I have no peer." Since he (as is true for all basic science faculty) has a specific area of subject-matter expertise, he felt that there was no one within

the school who had the background to evaluate either the content of his lectures or the quality of his research. In reaction to his concern and similar concerns of others, it was decided that the yet to be adopted program would be considered colleague evaluation rather than peer evaluation. The decision was also made to evaluate quality of lecture delivery and quantity and placement of publications but not content. (It should be remembered that the one course in each of the basic sciences that the undergraduate dental student takes is a beginning level course. I feel the subject matter of this course, being at a beginning level, can be taught and its content evaluated by any member of the same department. Some would argue with me, saying that it is impossible for any scientist to stay up to date in all areas of his discipline. The content of graduate courses taught by the basic science faculty are much more advanced and specialized and therefore it is harder for them to be evaluated by others but these courses are taught under the auspices of the graduate school and therefore are not under the mandate of the school's comprehensive system.)

The behavioral areas chosen by the committee for evaluation were teaching style; research productivity; service to the department, the school and the university; and interpersonal relations. It was decided that a rating scale would be developed and therefore, the next step in the development process involved consideration of sample items used on other evaluation forms. Gradually through rewriting of the items from other forms and the formation of new items which reflected the basic science

departments' particular needs, a rating form took shape.

Guidelines were then developed for the administration of the Basic Sciences Council colleague evaluation system. Evaluation was to take place every year for non-tenured faculty and every three years for tenured faculty. (Never mind that there were no untenured basic science faculty in the school and hadn't been in many years.) The department chairman was required to assign two departmental faculty evaluators to rate each evaluatee. Evaluators were to observe the evaluatee in lecture, and lab if appropriate, on at least three different occasions. Evaluators would also be given access to the evaluatee's research productivity to date. Since course syllabi and examinations were departmental products, these materials did not necessitate special arrangements for access. After sufficient background was obtained by the evaluator, he was asked to complete the rating form and send it to the chairman who would mean the two sets of responses and then discuss the results with the evaluatee. Notification was to be made to the Dean of the department's completion of the evaluation process.

Trial testing of the basic science colleague evaluation system was done in the department whose chairman was on the committee. When the evaluation system was explained to this faculty, they agreed to take part in the testing but only if a change was made in the guidelines for administration. They felt the system would be more productive if, instead of sending their evaluations to the chairman for compilation, the evaluations were shared in an officially scheduled evaluative session between

evaluator and evaluatee. Hidden, but not very deeply, below the surface of this discussion was the fear of what might happen if their chairman was privy to their evaluative assessment of their colleagues. Since the tenets of good evaluation practices assert that evaluation take place in a non-threatening environment if it is to be successful, the suggested change in administration guidelines was accepted by the Development Committee. The trial testing was then accomplished and feedback was given as to needed changes in the rating form items. The participants expressed the feeling that the system had been productive, that they had learned from their colleagues, and that they had been given feedback on their behavior unavailable previously, which they felt they would be able to use in improving their performance.

After reviewing the rating form, the guidelines, and the comments of those involved in the trial testing, the Basic Sciences Council voted adoption of this plan as their official colleague evaluation procedure.

The process began similarly in the Committee appointed by the Clinical Sciences Council. This committee was larger. The membership was comprised of the Associate Dean for Clinical Affairs, the Assistant Dean for Post-Graduate Education, two department chairmen, one program director, and the Evaluation Specialist. No faculty were appointed to the Committee. This Committee also decided to use a rating form for peer evaluation. The clinicians were not disturbed by the term "peer" and choosing the areas to evaluate was easy. They were content and quality of teaching in didactic courses, and teaching skill

in lab and clinic. Also, research and service to the department, school, and university were to be evaluated. Two unusual areas were added for evaluation by the Clinical Sciences Council: evaluation of service to the community and evaluation of the evaluatee's technical skill in his specialty. The committee was very conscious of the American Dental Association's attempt to assure quality care through peer review and felt that a similar attempt at evaluation of faculty patient care should be undertaken within the school. Careful attention was paid to the process of developing items to be used in evaluating the above mentioned areas. Much discussion went into the careful wording of each item. Because of this, the time taken to develop the final rating form was considerably longer than it had been in the Basic Sciences Committee.

Guidelines for administration were also similar to those developed by the Basic Sciences Council. It was decided that two faculty members would be chosen as evaluators for each evaluatee; one from within the department, and one a member of another department. Evaluation would be conducted on a three year, rotating cycle. The first year would involve evaluation in the clinic; the second, labs; and the third, lectures, service and research. All faculty, tenured and non-tenured, would be evaluated using this cycle. This group did not assume, as it appeared the basic scientists did, that the granting of tenure relieved one of the responsibility of one's work being subject to further peer review. The Dean would be notified by departments of the completion of the process each year.

This plan was brought to the Clinical Sciences Council for suggestions and for approval to conduct a trial testing but was sent back to committee for development of a different rating scale. The strongly agree to strongly disagree scale was changed to top 10%, top 30%, top 50% etc. The second time the Council sent the plan back to Committee for discussion of the feasibility of evaluating technical skill. The third time; for consideration of whether both evaluators should come from within a department or one from within and one from without the department. This process continued for two years with the proposal never even reaching the point of trial testing.

Underneath it all, it was my feeling that this group of administrators objected to the process because it would demand too much of the chairman's time to administer, and too much time on the faculty's part to evaluate. Few appeared to believe that the time committment necessary to carry out the plan would be worth the limited benefits that would accure. There was also great worry that the results would both filter into the promotion and tenure process and would also somehow get into the hands of the Dean, a concern also expressed during Basic Sciences Council deliberations. Use of the results to support effective behavior was not envisioned, only the use of the information to hurt.

At this point, the time for the regularly scheduled colleague evaluation within the basic sciences had arrived. Because of a misunderstanding of the administration guidelines, one of the five basic science department chairmen sent the completed evaluation forms from his department to the Dean,

rather than simply stating in writing that the process had been completed. Examination of these forms revealed that all items had been answered by all evaluators at the most positive level on the scale (top 10%) with one exception. For the one item on research concerning a department member who had given up all research activities when he began studying for and finally obtained his D.D.S. the rating received was top 50%. Discussion with other department chairmen in the basic sciences revealed similar conditions. Basic Science faculty were ostensibly going through the motions of peer evaluation but were reluctant to put on paper anything but the most glowing ratings.

So, where did we stand three years into our attempt to develop a peer evaluation component within our comprehensive evaluation system? One of the two bodies was using the council system to permanently delay implementation of a peer evalution plan while the other was involved in a charade just so that they could say they were doing as expected.

In the meantime, an ad hoc evaluation steering committee had been appointed by the Dean to oversee the entire comprehensive system, to monitor its progress, and to suggest needed changes to the school's Executive Council. The evaluation specialist brought the problem of peer evaluation to this Committee. After considerable discussion, it was concluded that the reason that peer evaluation was not succeeding in either of the divisions of the school was that the process was too formal. The plans did not take into account the differing managerial styles and personalities of the separate departments. It was a methodology

forced on the departments by the two Councils with only limited faculty input and, therefore, was doomed to failure.

The steering committee decided to suggest a much less formal structure with leeway for each department to develop a methodology that best suited their needs. Their recommendation to the Executive Council was to scrap both Sciences Council plans and to adopt the following:

> The ad hoc Committe on Comprehensive Evaluation Program Operations recommends to the Executive Committee that the following be accepted as school policy with regard to Colleague Evaluation:
>
> a. Since departments are so diverse with respect to their needs relative to collegue evaluation, each department should be asked to develop their own methodology. If a department is satisfied with the system they currently employ, they may continue to use that system. The school's Measurement and Evaluation Specialist will be available to all departments requesting consulation on this matter.
>
> b. Should a department desire to employ a system requiring outside evaluators. the Dean should attempt to support this plan with funds.
>
> c. Each department should review with the school's Measurement and Evaluation Specialist and the Dean their plans for colleague evaluation.
>
> d. Since the evaluation procedures are likely to be very different from department to department, since colleague evaluation for promotion and tenure is already accomplished through the intra-departmental and APT Committees, and since letters of recommendation may be sought from peers for inclusion in the dossier, the results of colleague evaluation within the Comprehensive Evaluation Program should not be available for promotion and tenure purposes. Of course, the same evaluator used in the colleague evaluation process may be asked to write a letter of support for promotion and tenure.

The plans instituted by each of the departments ranged from informal to very formal. Two departments were composed of only two faculty members and a department chairman. Both departments had worked together for more than ten years. They had sat in on each other's lectures and generally discussed student reaction and how recent research necessitated change in their lecture outlines. For them, this easy-going collegial interaction seemed all that was necessary to keep themselves and their departments performing at a level with which they were comfortable. This informal evaluation process had served both departments well for years.

A third department, one with eight members, had a policy which required that all faculty sit in on each other's lectures. Movement back and forth between labs was frequent and observation of each other's lab teaching skills was therefore common. Their evaluation plan called for the chairman to schedule a yearly evaluative meeting between each evaluatee and two other members of the faculty. The resultant discussion was to be relaxed and informal, although guidelines were available on evaluative areas to be discussed. No notes were to be taken during the meeting. The department chairman was only to be informed that the evaluation session had taken place.

A fourth department's plan sought for evaluative input from their sister department in the medical school. Medical school faculty were asked to observe lectures, review

syllabi and then give feedback to the departmental faculty.

A few departments chose to institute the original evaluation plan as set forth by their Sciences Council peer evaluation committee. Some departments adopted similar plans but developed their own rating forms. These forms, they felt, more closely suited their particular departmental teaching philosophies.

And finally, a few departments have yet to establish any plan for peer evaluation. These are typically the largest and most unwieldly departments. No parts of the comprehensive evaluation system work well in these departments. The chairmen don't know how to best utilize student evaluation input, departmental evaluation is hastily done if at all, the chairmen seem unable to implement the system designed for chairman to evaluate faculty, and they are unable to prepare their faculty for promotion and tenure.

A further problem has developed. Some departments, while starting out enthusiastically with evaluation plans, have had trouble sustaining their systems because of faculty turnover and, more importantly, the changeover in chairmen.

How would I summarize how we stand, then, with respect to peer evaluation? Chairmen who exhibit leadership skills and believe in the ability of evaluative experiences to improve faculty skills generally support successful peer evaluation programs. For these departments, peer evaluation serves to improve departmental performance. Chairmen who

appear to have the least control over their departments are also least capable of instituting a working peer evalution system. The discouraging thing is, it is these very departments who have the most work to do.